

## The Commonwealth of Massachusetts Division of Professional Licensure 239 Causeway Street, Boston, MA 02114 Board of Cosmetology www.state.ma.us/reg/boards/hd 617-727-3067

#### **Out of State Application**

#### **OUT OF STATE APPLICANTS**

INSTRUCTION SHEET

#### A COMPLETED APPLICATION MUST INCLUDE:

- A completed health certificate
- A small 2" x 2" photo
- Money order made payable to the Commonwealth of Massachusetts (no personal checks accepted)
- A copy of your license from your state
- A certification of your current license (form must be mailed to your state board in which you are currently licensed, this state must complete the form and mail it directly back to the Massachusetts Board, not the applicant). Applicants should check with their state board to see if there is any fee in completing this form. (your license must be current in order for your Massachusetts application to be considered complete for reciprocity)
- Notarized work affidavits (if you have at least 2 years work experience)
- <u>All applicants must submit verification of an original social security card</u> (mandatory). Acceptable forms of verification are outlined on the cover page of this application.

If you have a current license no examination will be necessary. If your license has expired you will be required to take the written and practical exams.

- In the event that you have not taken your state board examination, then you must submit an official transcript from the school you have graduated from verifying your hours and dates of enrollment.
- All new licensees **must** obtain a copy of the Massachusetts Rules & Regulations (240 CMR). To obtain a copy of the Rules & Regulations call the State House Bookstore at (617) 727-2834 or visit The Division's website at www.state.ma.us/reg/boards/hd.

### <u>SPECIAL INSTRUCTIONS FOR COSMETOLOGISTS, HAIRDRESSERS AND</u> AESTHETICIANS ONLY:

Massachusetts has two classifications of licensure for cosmetologists and aestheticians. Work experience is the determining factor on the status classification. A cosmetologist's type 1 and an aesthetician's type 6 license are equivalent to a manger's license. An operator's license (type 2) or an aesthetician's license (type 7) will be issued to you **if you have less than two years of work experience** in your particular field. It will be necessary for the salon owner/manager completing the enclosed employment affidavit to specify the dates of employment and if you have worked either full or part-time. This affidavit must be notarized.

#### \*FLORIDA & CONNECTICUT CANDIDATES ONLY\*

If you hold an aesthetic or manicuring license you will be required to take the Massachusetts practical and written examinations (no exceptions). This requirement was implemented because neither of these states currently regulates aesthetics or manicuring. Be advised some additional training may also be required before becoming eligible for Massachusetts licensure. (**Policy effective March 2002**)

Any incomplete application will be returned

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#### Out of State Application-Fee \$113.00

BOARD USE ONL	Y			Please attach recent
Board:	_			2" X 2"
License #: Type:	<del></del>			2 11 2
Cash #:	_			passport photograph here
Cash Date:				
1 A 1 N				
Applicant Name:	Last		First	Middle
	2430		11100	
2. Maiden Name:				
3. Current License#:_			License Expiration Date:	
_				
		BOARD U	JSE ONLY	
Status Code:		Issue Date:		Lic. Exp. Date:
4. Date of Birth:			Place of B	irth:
5. Permanent Address	:			
	No.		Street	Apt. #
	City/Town		State	Zip Code
	·			r
6. Business Address (2	If Applicable):		Ctus at	A 4
		No.	Street	Apt. #
	_			
		City/Town	State	Zip Code
7. Telephone Number	-Day:		Evening:	
-	-		<i>U</i> -	
8. Email Address:				
9. Social Security Nur	mber ( <b>Mandato</b>	rv):		
Pursuant to G.L. c.	62C, s. 47A, the	e Division of Pro	ofessional Lic	ensure is required to obtain you
security number and	d forward it to t	he Department o	of Revenue.	The Department of Revenue will
	ber to ascertain	whether you are	in compliance	ce with the tax laws of the
Commonwealth.				

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you

	are licensed/certified, indicating the status of your license and any relevant disciplinary information
11.	Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):
12.	Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes:   No:   If yes, please state the details (use a separate sheet if necessary):
13.	Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: □ No: □ If yes, please state the details (use a separate sheet if necessary):
14.	Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes:   No:   If yes, please state the details (use a separate sheet if necessary):
15.	Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes:  No:  If yes, please state the details (use a separate sheet if necessary):
16.	Present Employer
17.	Beauty School AttendedName & Address of School Date Started: Date Finished:
18.	Type of license requested in Massachusetts: □ cosmetology □ manicuring □ aesthetics □ cosmetology instructor □ aesthetic instructor □ demonstrator *** <u>Separate applications and fees are required for each type of license. You must submit proof of either training or current licensure in that subject in order to be eligible for that type of license.</u>
19.	I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.
	Signature of applicant Date



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#### EMPLOYER'S AFFIDAVIT FOR OUT OF STATE APPLICANT

I hereby certify that I am a Registered Cosmetologist,	STATE OF		COUNTRY O	F	
State   Applicant's Name   and worked   Indiana   Indi	I hereby certify t	that I am a Registered	Cosmetologist.	in the state	
State   Applicant's Name   under   Hairdresser, Aesthetician or Manicurist   in a beauty shop located in   month/day/year   month/day/year	increey corning t	2140 1 4111 4 11081310104			
employ as a	of				
employ as a		State	Applic	cant's Name	
supervision from to in a beauty shop located in month/day/year					er
supervision from to in a beauty shop located in month/day/year		Hairdresser, Aesthetic	cian or Manicurist	Full/Part Time	
ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE  NOTARY SEAL  Name:	supervision from	1	to	in a beauty shop located in	
NOTARY SEAL  Name:	•	month/day/year	month/day/year		
NOTARY SEAL  Name:	City	State	Zip Code	Telephone Number	
This affidavit must be notarized Address: in the State where signed.  City:	ERASURES OI	R CHANGES IN DA	TES ARE NOT ACCEI	PTABLE	
This affidavit must be notarized Address: in the State where signed.  City: State: Telephone #: Signature:  Managing Cosmetologist Notary Public (Please Print) Notary Public (Signature)  This portion below to be filled out only if you (the applicant) owned your own salon.  AFFIDAVIT FROM SALON OWNER  State of  I hereby certify that I am or was a property owner in the State of owned the property located at and that month/day/year Subscribed and sworn before me this Managing Cosmetologist Notary Public (Signature)  and that owned your own salon.  AFFIDAVIT FROM SALON OWNER  and that owned the property located at and that month/day/year Subscribed and sworn before me this day of NOTARY SEAL Name of Property Owner Present Address: This affidavit must be notarized in the State where signed.  Notary Public (Please Print)  Notary Public (Please Print)	NOTAR	Y SEAL	Name:		
City: State:			Shop (	Owner's Name	
State: Zip Code: Telephone #: Signature:					
Signature:	in the State when	re signed.	City:		
Signature:			State:	Zip Code:	
Managing Cosmetologist			Telephone #:		
Notary Public (Please Print) Notary Public (Signature)  This portion below to be filled out only if you (the applicant) owned your own salon.  AFFIDAVIT FROM SALON OWNER  State of  I hereby certify that I am or was a property owner in the State of and that owned the property located at owned and operated a beauty salon at this location from to month/day/year  Subscribed and sworn before me this day of  NOTARY SEAL			Signature:		
This portion below to be filled out only if you (the applicant) owned your own salon.  AFFIDAVIT FROM SALON OWNER  State of			Mana	ging Cosmetologist	
This portion below to be filled out only if you (the applicant) owned your own salon.  AFFIDAVIT FROM SALON OWNER  State of		Notar	y Public (Please Print) _		
AFFIDAVIT FROM SALON OWNER  State of					
I hereby certify that I am or was a property owner in the State of and that owned the property located at owned and operated a beauty salon at this location from to month/day/year Subscribed and sworn before me this day of NOTARY SEAL Name of Property Owner Present Address: This affidavit must be notarized in the State where signed. Signature of Owner: Notary Public (Please Print)	This p	ortion below to be fi	lled out only if you (the	applicant) owned your own sa	lon.
I hereby certify that I am or was a property owner in the State of and that owned the property located at owned and operated a beauty salon at this location from to month/day/year Subscribed and sworn before me this day of NOTARY SEAL Name of Property Owner Present Address: This affidavit must be notarized in the State where signed. Signature of Owner: Notary Public (Please Print)		A FI	FIDAVIT FROM SALO	N OWNED	
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from to					$\underline{}$ and that I
from to	owned the prope	rty located at		<del></del>	
Month/day/year month/day/year   Subscribed and sworn before me this			owned and operated a	beauty salon at this location	
NOTARY SEAL  Name of Property Owner  Present Address:  This affidavit must be notarized in the State where signed.  Notary Public (Please Print)					
NOTARY SEAL  Name of Property Owner  Present Address:  City:  in the State where signed.  Notary Public (Please Print)					
This affidavit must be notarized in the State where signed.  Present Address:  City:  Signature of Owner:  Notary Public (Please Print)	Subscribed and s	sworn before me this _	day of		
This affidavit must be notarized in the State where signed.  Present Address:  City:  Signature of Owner:  Notary Public (Please Print)	NOTAR	Y SEAL	Name of Property Own	ner	
This affidavit must be notarized in the State where signed.  City:			Present Address:		
in the State where signed. Signature of Owner:	This affidavit mu	ust be notarized	City:		
	in the State when	re signed.	Signature of Owner:		
		Notar	v Public (Please Print)		

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The applicant does not complete any part of this form. It must be completed by the state board in which he/she is licensed and returned directly to the Massachusetts Board.

Name of State			
This is to certify that (Applic	ant's Name)		
Address	City	State	Zip
Social Security Number (Ma	ndatory)		
Current License #	Date Issued	Date Ex	xpires
Type of License Applicant he (Check One)	olds: Cosmetology Aesthetician		<ul><li>Manicuring</li><li>Instructor</li></ul>
Is there any past or present d	isciplinary action against this	s licensee?:	☐ Yes ☐ No
If yes, please state details			
Basis of Registration:			
☐ Examination Scores: Pr	actical	Written	
☐ Reciprocity from the state	e of		
Name of Beauty School Atte	nded		
Address			
Dated Enrolled			
Course: ☐ Cosmetology ☐	Manicuring ☐ Aesthetician	☐ Instructor	
Total number of hours credit	ed		
	Signed		
State Board Seal	Print Name		
	Title		
	Date		



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#### **Health Certificate**

Town or City		dents, instructors and Demons
I hereby certify that I have examined _		
	Name of Applicant	Address
and I certify this individual is not affli-	cted with any infectious disease.	
Signature of Licensed Physician		_ M.D.
Address Town or City		

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